



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

AUSTIN ANESTHESIOLOGY GROUP

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-16-0526-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

OCTOBER 28, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "You have denied this for timely filing; as you can see, the patient gave us incorrect insurance; i.e. Coventry, the patient let us know it was a workers' compensation claim. Once we got the information to bill for a workers' comp case and we immediately billed you."

**Amount in Dispute:** \$3,770.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Texas Mutual on 5.28.15 received the bill...The rationale given by the requestor for the late bill is not consistent with the Rule above. No payment is due."

**Response Submitted by:** Texas Mutual Insurance Co.

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 12, 2015	CPT Code 23515 Open treatment of clavicular fracture, includes internal fixation, when performed	\$1,755.00	\$0.00
	CPT Code 64416 Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	\$2,015.00	\$0.00
TOTAL		\$3,770.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a

claim by a health care provider.

3. 28 Texas Administrative Code §133.307, sets out the procedure and requirements for medical fee dispute resolution.
4. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
5. The services in dispute were reduced / denied by the respondent with the following reason codes:
  - CAC-29-The time limit for filing has expired.
  - 731-Per 133.20 provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service, for services on or after 9/1/05.
  - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
  - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 928-HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.
  - 724-No additional payment after a reconsideration of services.

### **Issues**

1. Was the disputed bill submitted in accordance with Texas Labor Code §408.027(a)?
2. Did the requestor support position that the disputed bills met exception per Texas Labor Code §408.0272(b)(1)?
3. Is the requestor entitled to reimbursement for code 64416?
4. Is the requestor entitled to reimbursement for code 23515?

### **Findings**

1. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason code "CAC-29."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

The disputed date of service is September 3, 2014. The requestor contends that the bill was sent past the 95 day deadline but that they meet the exception outlined in Texas Labor Code §408.0272(b)(1).

2. Texas Labor Code §408.0272(b)(1) states, "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

The requestor submitted proof that the medical bill was erroneously sent to Coventry Workers Comp Services within 95 days from the date of service. On May 27, 2015, the requestor spoke to the claimant's spouse and obtained the correct insurance carrier information. The requestor submitted proof that on May 28, 2015 a claim for code 64416 was faced to the respondent; therefore, this service will be reviewed per Division's fee guideline."

3. 28 Texas Administrative Code §134.203(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:  
(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers..."

Per the *Table of Disputed Services*, the requestor billed codes 23515 and 64416 on the disputed date of service.

Per CCI edits, CPT code 64416 is a component of code 23515. A modifier is not allowed to differentiate the service for reimbursement; therefore, payment is not recommended for code 64416.

4. Per the *Table of Disputed Services*, the requestor billed code 23515 on the disputed date of service.

28 Texas Administrative Code §133.307(c)(2)(J), requires that the request shall include “a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier . . . and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250” Review of the submitted documentation finds that the requestor has not provided a copy of the medical bill(s) as originally submitted to the insurance carrier and/or as submitted to the insurance carrier for an appeal in accordance with §133.250 for code 23515. The Division concludes that the requestor has not met the requirements of §133.307(c)(2)(J).

28 Texas Administrative Code §133.307(c)(2)(K), requires that the request shall include “a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider . . . or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB” Review of the submitted documentation finds that the request does not include [copies of any EOBs for the disputed code 23515. Nor has the requestor provided evidence of insurance carrier receipt of the request for an EOB. The Division concludes that the requestor has not met the requirements of §133.307(c)(2)(K).

A review of the submitted medical bills and explanation of benefits, finds that code 23515 is not listed. The requestor did not submit any documentation that the medical bill for code 23515 has been submitted to the insurance carrier or an appeal in accordance with §133.250. As a result, the Division finds that the requestor has not supported that code 23515 is eligible for medical fee dispute resolution. As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

11/13/2015  
\_\_\_\_\_  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**